



HOUSEHOLD HAZARDOUS WASTE / CONDITIONALLY EXEMPT SMALL QUANTITY GENERATORS  
COLLECTION EVENTS / MOBILE COLLECTIONS  
1999 ANNUAL REPORT

**INSTRUCTIONS**

Note: Each letter corresponds to a section of the attached reporting form.

- A.-C. Provide the name of the agency as it is legally referred to, type of event, and identify the county name.
- D. Check the appropriate waste category accepted. If you accept both waste categories, copy this form to report them **separately**. Please do **not** combine HHW and CESQG on one form.

**Caution: Survey forms that contain a combination of HHW and CESQG data will not be accepted.**

- E.-F. Provide the agency address and telephone number.
- G.-H. Check "YES" if you held HHW Collection events in 1999 and if you used the services of an environmental contractor. Provide the contractor's name, address, telephone number, fax number, E-Mail address (if applicable), and what type of service was provided by the contractor.
- I. For each collection event held in 1999, indicate the name of the event, date, location, and sponsor. Indicate the costs for the disposal of waste by contractor and costs incurred by the local jurisdictions.
- J. Indicate the costs for the disposal of waste by the contractor and costs incurred by the local jurisdiction for the collection or mobile event(s). Also show paid and volunteer hours.
- K.-M. Using the waste unit codes and waste disposal method codes, check the appropriate box for waste collected at the collection event and fill in quantities collected.
- N. Specify if these waste types were added or considered in 1999.
- O. Indicate the restrictions on waste received, check the source (e.g. household only waste), type (e.g. paint and oil), amount (e.g. 5 gallons per person/per day).

**Make sure that you have completed, signed, and dated this form.**

The preparer is the person who has prepared the survey form. Provide the name, address, telephone number, E-Mail address, and title of the person who is familiar with the regulations and in-charge of overseeing the operations.



# COLLECTION EVENTS / MOBILE COLLECTIONS ANNUAL REPORT FOR CALENDAR YEAR 1999

(Please complete each box)

(Please complete a separate form for each collection held in 1999)

<b>A. AGENCY NAME:</b>  	<b>B. TYPE OF EVENT (check only ONE per form)</b> <div style="text-align: center;"><input type="checkbox"/> COLLECTION    <input type="checkbox"/> MOBILE</div>
<b>C. COUNTY:</b>  	<b>D. WASTE ACCEPTED (check only one per form)</b> <div style="text-align: center;"><input type="checkbox"/> HHW    or    <input type="checkbox"/> CESQG</div> <p style="text-align: center; font-size: small;">(If both, copy this form to report HHW and CESQG separately)</p>
<b>E. AGENCY ADDRESS</b>  	<b>F. PHONE (    )</b> _____  <b>FAX</b> _____

**G. DID YOU HOLD COLLECTIONS IN 1999?**    ☐ NO    ☐ YES

If **NO**, answer the following questions in item G, sign, date, and return. This completes your reporting obligations for this form.

If **YES**, how many? \_\_\_\_\_

If **YES**, please answer the following questions and complete the remainder of the form and sign on the back.

Do you plan to have collections in 2000?    ☐ NO    ☐ YES    When? \_\_\_\_\_

**H. DID YOU USE THE SERVICES OF AN ENVIRONMENTAL CONTRACTOR IN 1999?**    ☐ NO    ☐ YES

**If YES:**

1. Name(s) of contractor(s) \_\_\_\_\_ Contact person \_\_\_\_\_

Address \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Fax No. \_\_\_\_\_ E-MAIL Address \_\_\_\_\_

What type of service was provided? (recycle oil, dispose of waste, etc.) \_\_\_\_\_

2. Name(s) of contractor(s) \_\_\_\_\_ Contact person \_\_\_\_\_

Address \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Fax No. \_\_\_\_\_ E-MAIL Address \_\_\_\_\_

What type of service was provided? (recycle oil, dispose of waste, etc.) \_\_\_\_\_

**I. FOR EACH COLLECTION EVENT HELD IN 1999, PLEASE COMPLETE A SEPARATE FORM (make copies of this form if needed)**

Name of Event \_\_\_\_\_

Date(s) \_\_\_\_\_

Location(s) \_\_\_\_\_

Sponsor(s) \_\_\_\_\_

<b>J. COLLECTION EVENT COST AND PARTICIPATION</b>	Volunteer Hours _____
Total Employee Hrs _____ Open hours/event _____	Materials, Publicity, Other Costs \$ _____
Employee Costs (including benefits) \$ _____	(Circle category of customer then put number in space to the right)
Contractor Disposal Costs \$ _____	Households <b>OR</b> CESQGs participating (vehicles) _____
	Total Households <b>OR</b> CESQGs served (if different): _____

**K. WASTE UNITS**

Please report amounts by the following units, as appropriate for the waste types on the following page (all drums are assumed to be 55s):

<b>BU</b> Bulk Drums (e.g., latex paint)	<b>GA</b> Gallons	<b>PO</b> Pounds
<b>LO</b> Loose Pack Drums (e.g., aerosol cans)	<b>EA</b> Each	<b>LA</b> Labpack Drums (e.g., pesticides, solid flammables)

(continued on back)

**L. WASTE DISPOSAL METHODS**

(One disposal method per line, or provide separate quantities and units if same waste has different disposal methods.)

For each waste type, indicate disposal methods by bold letter in the "Disposal" column below:

- U** Reused. Reusing waste materials such as latex paint or pesticides without processing the material, e.g., by exchange.
- R** Recycled. A process of transforming material into usable or marketable material.
- E** Energy recovery. A process of converting used oil and other materials with fuel value into usable energy, e.g., oil burned to recover energy or heat building.
- T** Treated/solid waste LF. Physical, chemical or biological processing of waste prior to landfilling.
- W** Wastewater disposal with or without pretreatment processing.
- H** Hazardous waste facility. Waste materials sent to a facility where dangerous waste is placed such as hazardous waste landfill or a treatment storage and disposal facility (TSD).
- S** Disposal to a solid waste landfill without treatment.
- O** Other. Other methods of disposal.

**M. PLEASE CHECK IF RECEIVED, RECORD QUANTITY, UNITS (see K), and DISPOSAL METHODS -- U, R, E, T, W, H, S, O (see L)**

WASTE TYPE (DOT Class)	Quantity	Units	Disposal	WASTE TYPE (DOT Class)	Quantity	Units	Disposal
<input type="checkbox"/> 1a. Acids (8)				<input type="checkbox"/> 14. Latex Paint			
<input type="checkbox"/> 1b. Acids (8) [aerosol cans]				<input type="checkbox"/> 15. Lead Acid Batteries		EA	
<input type="checkbox"/> 2. Antifreeze				<input type="checkbox"/> 16. Oil Based Paint			
<input type="checkbox"/> 3a. Bases (8)				<input type="checkbox"/> 17. Oil Contaminated			
<input type="checkbox"/> 3b. Bases (8) [aerosol cans]				<input type="checkbox"/> 18. Oil Filters			
<input type="checkbox"/> 4. CFC / Freon				<input type="checkbox"/> 19. Oil Filters Crushed			
<input type="checkbox"/> 5. CFC / Freon Filters				<input type="checkbox"/> 20. Oil Non-Contaminated			
<input type="checkbox"/> 6. Chlorinated Solvents				<input type="checkbox"/> 21. Oil with Chlorides			
<input type="checkbox"/> 7. Crushed Cans				<input type="checkbox"/> 22. Oil with PCBs			
<input type="checkbox"/> 8. Dry Cell Batteries				<input type="checkbox"/> 23. Other Dangerous Wastes		PO	
<input type="checkbox"/> 9. Flammable Solids (4)				<input type="checkbox"/> 24. Organic Peroxides (5.2)			
<input type="checkbox"/> 10a. Flammable Liquids (3)				<input type="checkbox"/> 25. Oxidizers (5.1)			
<input type="checkbox"/> 10b. Flammable. Liquids (3) [aerosol cans]		LO		<input type="checkbox"/> 26. Personal Protect. Equip.		PO	
<input type="checkbox"/> 11a. Flam. Liq. – Poison (3, 6.1)				<input type="checkbox"/> 27. Pesticide/Poison Liq(6.1)			
<input type="checkbox"/> 11b. Flam Liq, Poison (3, 6.1) [aerosol cans]				<input type="checkbox"/> 28. Pesticide/Poison Sol(6.1)			
<input type="checkbox"/> 12. Flammable Gas (2)				<input type="checkbox"/> 29. Reactives			
<input type="checkbox"/> 13a. Flam. Gas –Poison (2, 6.1)				<input type="checkbox"/> 30. Other Non-Hazardous		PO	
<input type="checkbox"/> 13b. Flam Gas –Poison (2, 6.1) [aerosols]							

**N. CHANGES IN WASTE ACCEPTED IN 1999?**

Currently accept?

Exploring acceptance?

Mercury-bearing waste (fluorescent lamps, manometers, etc.)

Y OR N

Y OR N

Used electronics (TVs, computers, monitors, etc.)

Y OR N

Y OR N

**O. ARE THERE RESTRICTIONS ON WASTE RECEIVED AT YOUR COLLECTION EVENTS, BASED ON?**

- ☐ Source (specify) \_\_\_\_\_
- ☐ Type (specify) \_\_\_\_\_
- ☐ Amount (specify) \_\_\_\_\_

PREPARED BY \_\_\_\_\_

(Title) \_\_\_\_\_

DATE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_